

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L06000074232	
1. Entity Name GRIFFEN & 441 DEVELOPMENT LLC	



FILED

07 OCT -5 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2875 NE 191ST STREET SUITE 304 AVENTURA, FL 33180 US	Mailing Address 2875 NE 191ST STREET SUITE 304 AVENTURA, FL 33180 US
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2. Principal Place of Business - No P.O. Box # 150 S. PINE ISLAND ROAD Suite, Apt. #, etc. SUITE 330 City & State PLANTATION, FLORIDA Zip 33324 Country US	3. Mailing Address 150 S. PINE ISLAND ROAD Suite, Apt. #, etc. SUITE 330 City & State PLANTATION, FLORIDA Zip 33324 Country US
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09272007 Chg-LLC CR2E083 (12/06)

4. FEI Number APPLIED FOR	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent STOK, ROBERT A 2875 NE 191ST STREET SUITE 304 AVENTURA, FL 33180	7. Name and Address of New Registered Agent Name RICHARD M. MOGERMAN Street Address (P.O. Box Number is Not Acceptable) 150 S. PINE ISLAND ROAD SUITE 330 City PLANTATION FL Zip Code 33324
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 441 GRIFFIN HOLDINGS, LLC. 2875 NE 191ST STREET, SUITE 304 AVENTURA, FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELI HADAD 11900 BISCAYNE BLVD., SUITE 801 N. MIAMI, FL 33181 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700110519127 10/09/07--01018--006 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

09/27/07

Date

Daytime Phone #

954
475.7171